

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/805,350  
APPLICANT(S)

FILING DATE

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS											
NO.	IND	DEP	NO.	IND	DEP	NO.	IND	DEP	NO.	IND	DEP	NO.	IND	DEP	NO.	IND	DEP
1												51					
2												52					
3												53					
4												54					
5												55					
6												56					
7												57					
8												58					
9												59					
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41												91					
42												92					
43												93					
44												94					
45												95					
46												96					
47												97					
48												98					
49												99					
50												100					
TOTAL IND.	1		1									TOTAL IND.					
TOTAL DEP.	5		5									TOTAL DEP.					
TOTAL CLAIMS	6		6									TOTAL CLAIMS					